

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1								51	
2								52	
3								53	
4								54	
5								55	
6								56	
7								57	
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29								79	
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32								82	
33								83	
34								84	
35	1							85	
36		1						86	
37		1						87	
38		1						88	
39		1						89	
40	1							90	
41		1						91	
42		1						92	
43		1						93	
44	1							94	
45	1							95	
46	1							96	
47	1	2						97	
48		1						98	
49		1						99	
50		1						100	
TOTAL IND.	↓		↓		↓				
TOTAL DEP.	←		←		←				
TOTAL CLAIMS	←		←		←				

51		1				
52		1				
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99						
100						
TOTAL IND.	5		↓		↓	
TOTAL DEP.	12		←		←	
TOTAL CLAIMS	←		←		←	